

### STATE OF NEW HAMPSHIRE

# 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

#### PLEASE PRINT

Sheehan Phinney Capitol Gro		<u> </u>		
(Name of partners	ship, firm or corporation)			
Two Eagle Square	Concord	NH	03301	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(603) <u>228-2370</u> (603) <u>224-8</u> (Fax)		an.com and sthomson@sheehan	1.com	
III. This statement covers: (Choo reportable expense transactions v			ile a separate report for	
All reportable transactions occurring in the months prior to the reporting date relative to the following client:				
American Council of Life Ins	surers Name of Client as it appears or			
IV. Date of Report April 25,				
Reports cover: activity from date	1, 2017	July 25, 2018  activity from 4/1/18 to 6/30/18 January 30, 2019  activity from 10/1/18 to 12/31/	/18	
Reports cover: activity from date October 3	of registration to 3/31/18 1, 2017  (1/18 to 9/30/18  ed and no reportable transac	January 30, 2019 activity from 4/1/18 to 6/30/18 January 30, 2019 activity from 10/1/18 to 12/31/	rt. 🗌	
Reports cover: activity from date October 3 activity from 7/ V. There have been no fees receiv If this box is checked, complete just Concord, NH 03301.  VI. Check if additional reports ar If you have received fees If you have paid an honor Expense Reimbursement	of registration to 3/31/18 1, 2017   (1/18 to 9/30/18  ed and no reportable transac this form and submit it to the S	January 30, 2019  January 30, 2019  Jactivity from 10/1/18 to 12/31/ stions made since the last reported activity of State's Office, State at file Addendum A – Fees and you must file Addendum B – I	rt.   House, Room 204,  Expenses Report of Honorariums or	
Reports cover: activity from date October 3 activity from 7/  V. There have been no fees receiv If this box is checked, complete just Concord, NH 03301.  VI. Check if additional reports ar If you have received fees If you have paid an honor Expense Reimbursement If you, your firm, or your  Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B and the best of my knowledge and belie	of registration to 3/31/18  1, 2017   (1/18 to 9/30/18  ed and no reportable transacthis form and submit it to the Second reaction or made expenditures, you must rarium or reimbursed expenses, family has made political control.  Lobbyist  RSA 664 and hereby swear or	January 30, 2019  January 30, 2019  Jactivity from 10/1/18 to 12/31/ stions made since the last reported activity of State's Office, State at file Addendum A— Fees and you must file Addendum B— Intibutions, you must file Addendum affirm that the foregoing information of the state of the sta	rt.   House, Room 204,  Expenses Report of Honorariums or  dum C- Political Contrib	
Reports cover: activity from date October 3 activity from 7/  V. There have been no fees receiv If this box is checked, complete just Concord, NH 03301.  VI. Check if additional reports ar If you have received fees If you have paid an honor Expense Reimbursement If you, your firm, or your  Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B and	of registration to 3/31/18  1, 2017   (1/18 to 9/30/18  ed and no reportable transacthis form and submit it to the Second reaction or made expenditures, you must rarium or reimbursed expenses, family has made political control.  Lobbyist  RSA 664 and hereby swear or	January 30, 2019 January 30, 2019 January 30, 2019 Jactivity from 10/1/18 to 12/31/2 tions made since the last reposecretary of State's Office, State at file Addendum A – Fees and you must file Addendum B – I intuitions, you must file Addendum	rt.   House, Room 204,  Expenses Report of Honorariums or  dum C- Political Contribution	

Henry G. Veilleux and Simon P. Thomson (Print Name of lobbyist)

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APR 25 2018

NEW HAMPSHIRE DEPARTMENT OF STATE



## STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

P	I. N	ame of Lobbyist(s) Henry G. Veilleux and Simon P. Thomson					
L E A	II. N	II. Name of lobbyist's partnership, firm or corporation, if any:  Sheehan Phinney Capitol Group  (Name of partnership, firm or corporation)					
A S E	She						
E P	III.	Name of Client American Council of Life Insurers	Date <u>April 25, 2018</u>				
R [ N T	lndi incl	. Fees Received licate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying fees for services such as public advocacy, government relations, or public relations services including research onitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:					
	a)	Total of all fees received in this reporting period	a) \$ <u>15,000.00</u>				
	b)	Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year	b) \$ 0.00 r)				
	c)	Total of all fees received to date (Add lines a and b)	c) \$ <u>15,000.00</u>				
	d)	Indicate the amount of any such fees that are due, but have not yet been paid	i d) \$				
	Lob repo unre cate and mea give less any to b	Expenses: obyist(s)/Lobbying partnerships, firms, or corporations are required to report orts are to be filed for expenditures made relative to each client and if experelated to any one client a separate report may be filed for the lobbyist(s)/figories of expenses: (a) the aggregate total of all expenses paid during the report office expenses; (b) the aggregate total of all individual expenses where the als purchased during a business lunch where the cost was \$25.00 or less, purchent to the person being lobbied, purchase of a ceremonial object given to a (c); and (c) an itemized statement of each individual expenditure made during purpose not covered by (a) (for example: purchase of a meal with value of given to the subject of lobbying with a value greater than \$25, but not great experion). Expenses for honorariums, expense reimbursement, or political control should not be reported on Addendum A.	nditures are made by the lobbyist(s)/firm that arm. Expenses are to be reported in one of three porting period for salaries, benefits, support staff expenditure was of \$25.00 or less (for example hase of a pen with a value of less than \$10 that it person being lobbied with a value of \$25.00 or greater than \$25.00 for greater than \$25, purchase of a ceremonial objecter than \$50, restaurant expenses for a legislative				
	a)	Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>6,231.00</u>				
	b)	Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$				
	c)	Total of all itemized expenditures reported in detail in section VI.	c) \$				

	d)	Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>6,231.00</u>				
	e)	Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$				
	f)	Total of all expenses year to date	F) \$ 6,231.00				
	VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting perincluding by whom paid or to whom charged.						
	Paid	i:	Amount:				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
		Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information					
,	foregoing information						
Hen	my	Veilley Sun P. Chu April:	25, 2018				
	(Sig	nature of 1000yist)	(Date)				

Henry G. Veilleux and Simon P. Thomson (Print Name of lobbyist)